PCRB

Unit Statistical Reporting

guide book

Executive Summary

This guide is designed to assist insurers, data reporters, and other stakeholders in ensuring compliance, accuracy, and efficiency throughout the reporting process.

The USR Guidebook serves as a comprehensive resource for understanding and resolving critical errors, reporting scenarios, data quality inquiries, and injury code reporting guidelines related to Unit Statistical Reporting (USR).

Key areas covered include:

1. **Common Critical Errors** – Identifies frequent reporting errors, such as incorrect policy matching, unauthorized classifications, and premium discrepancies. These errors must be corrected to ensure successful USR submission and maintain data integrity.
2. **Miscellaneous Reporting Scenarios** – Provides guidance on handling special USR reporting cases within the Unit Data Manager (UDM) application, including policy deletions, no-exposure reporting, and short-rate cancellation calculations, ensuring accurate data submission.
3. **Data Quality Inquiries** – Explains how Unit Statistical Reporting analysts send inquiries via email to address inconsistencies in claim classifications, injury codes, and audit timelines. This section offers key insights to help users respond effectively.
4. **Injury Code Reporting Guidelines** – Details state-specific instructions for reporting injury codes, identifying fraudulent claims, and modifying claim statuses to align with Stat Plan rules.
5. **Pension Claim Calculations** – Provides instructions for calculating pension benefits for various claim types, including permanent disability and death benefits with dependent variations.

> **RELATED:** For assistance related to **Unit Data Manager** (UDM), please find the **UDM User Guide** [here](#).

By following the guidelines in this document, stakeholders can improve reporting accuracy, reduce compliance risks, and streamline the USR data submission process. This guidebook serves as an essential tool for maintaining high data quality.

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Common Critical Errors

USRs submitted with critical errors are rejected and considered missing. Use these tips to correct critical errors prior to submission using UDM or submit a correction report.

MATCHING POLICY NOT FOUND

Matching policy not found in PDM

This error occurs when either no initiating policy transaction has been submitted or the link data (state, carrier #, policy # and/or policy eff. date) reported on the USR does NOT match the policy link data reported.

Note: An initiating policy transaction is defined as transactions: 01/New, 02/Renew, 15/Add State or 16/Binder

Record Type	Lvl	Error Code	Toler.	Error Message
1/Header	1-0	01006000 ⊖	Reject	**Matching policy not found.**

EXAMPLE 1: In the example below, no initiating policy transactions have been submitted.

Required Actions: Submit valid initiating policy transaction and verify that submitted USR data matches that transaction. If USR data does NOT match submitted initiating policy transaction USR changes will also be required.

DE Policy #:	30WECAS7Z5A		Policy Effective:	7/23/22	⌄	✎ Edit
File Nbr:	3632902		State Effective:		⌄	
File Name:			Expir/Cancel Dt:	7/23/23	⌄	
			Status:	Suspended		
			Review:	Rejected from Submission		

30WECAS7Z5A	7/23/22	**2/2/23**	2/3/23	08/Rating Change	🔍	Archived	E230350CD00095 ⓘ	Unmatched
30WECAS7Z5A	7/23/22	7/23/22	10/6/22	10/Nonrating Chg	🔍	Archived	E222800CD00169 ⓘ	Unmatched
30WECAS7Z5A	7/23/22	7/23/22	9/9/22	08/Rating Change	🔍	Archived	E222530CD00187 ⓘ	Unmatched
30WECAS7Z5A	7/23/22	**9/22/22**	8/29/22	05/Reinstate#01	🔍	Archived	E222420CD00167 ⓘ	Unmatched
30WECAS7Z5A	7/23/22	7/23/22	8/22/22	10/Nonrating Chg	🔍	Archived	E222350CD00249 ⓘ	Unmatched
30WECAS7Z5A	7/23/22	**9/22/22**	8/18/22	05/Cancel#01	🔍	Archived	E222310CD00199 ⓘ	Unmatched
30WECAS7Z5A	7/23/22	**9/22/22**	8/17/22	05/Cancel#01	🔍	Archived	E222300CD00209 ⓘ	Unmatched
30WECAS7Z5A	7/23/22	7/23/22	7/20/22	08/Rating Change	🔍	Archived	E222020CD00307 ⓘ	Unmatched

Example 2: In this example, the submitted initiating policy transaction contained critical errors and has therefore been rejected and may have been subsequently archived.

Required Actions: Submit valid initiating policy transaction and verify that submitted USR data matches that transaction. If USR data does NOT match submitted initiating policy transaction USR changes will also be required.

AFWCP100000752	2/1/22	2/1/22	**6/30/23**	15/State Change	Archived	E232983CD03773	Susp. Critical

PDM Review: Suspended with Critical Errors - Carrier Action Required as of 2/18/24			
Record Type	**Error Code**	**Toler.**	**Error Message**
04/Premium	04048543	Reject	Missing State Add Code for transaction 15.

Example 3: In this example, the USR was submitted under carrier 56789 however the policy was submitted under carrier 12345.

Required Actions: Determine which carrier code is correct and then submit either policy or USR corrections as required.

Note: Policy and Unit data key fields must match.

Carrier #		DE Policy #: 10WNS16700	Policy Effective:	12/31/17
Primary FEIN:	Edit	File Nbr: 2556224	State Effective:	
Primary Name:		File Name:	Expir/Cancel Dt:	12/31/18
			Status: unsub Processed	
WCSTAT Link: E19193UF000835			Review: Accepted with C	

1/Header	1-0	01006000	Reject	Matching policy not found.
1/Header	1-0	01123002	Reject	State Effective Date does not correspond to current policy data.

	DE	12345	10WNS16700	12/31/17	1		Processed	10/1/19	E19193UF000835	Rejected
	DE	56789	10WNS16700	12/31/17	1-1		Processed	10/1/19	E19273UC000571	Accepted

RISK IS UNASSIGNED

This error occurs when no initiating policy transaction has been submitted, accepted and processed therefore the DCRB/PCRB cannot determine the risk DCRB/PCRB file number which is used to determine the authorized classes, applicable rating values etc.

Lvl	Error Code	Toler.	Error Message
1-0	00001001	Reject	Risk is unassigned

Required Actions: Submit valid initiating policy transaction and verify that submitted USR data matches that transaction. If USR data does NOT match submitted initiating policy transaction USR changes will also be required.

USR CARRIER CODE FOUND TO BE INCORRECT

USR header correction required

Submit USR correction report with the appropriate Correction Type Code, which is "H" if the only updated information is the Header Record.

Note: When submitting a USR Header correction, including link data changes, it is recommended that values be reported in all Previous and Revised link data fields.

The Header/Policy Record contains policy information for the data being reported. This record consists of key fields, as well as other fields such as Policy Conditions, Type of Plan, and deductible information.

Policy field(s) is used to properly associate all records (e.g., 1st Unit report's Header, Name, Address, Exposure, and Loss) for a specific unit report. This ensures that all the records will be processed together. Policy field(s) must be the same on all corresponding records for each unit report

These key fields must be reported consistently across all data types:
- Exposure State
- Carrier Code
- Policy Number
- Policy Effective Date
- Report Level
- Correction Sequence Number

Key fields are used to match USRs to:
- A policy that already resides on DCRB/PCRB database
- Corresponding subsequent unit report levels
- Corresponding corrections across all unit report levels
- Accurately match and link policy fields across corresponding data types

POLICY CANCELLED FLAT AND USR SUBMITTED

USR reported for a policy that PDM (Policy Data Manager) reflects is cancelled flat.

Example 1: In the example below, the policy was cancelled flat after the USR was received and processed.

Policy Number	Eff. Date	ChangeEff.	Issue Date	Transaction		PDM Status	Processed
WCA12448705740	12/28/20	12/28/20	1/11/23	05/Cancel#01	🔍	Processed	1/12/23
WCA12448705740	12/28/20	12/28/20	12/23/20	01/New	🔍	Processed	12/30/20

Policy Number	Eff. Date	Unit		UDM Status	Processed
WCA12448705740	12/28/20	1	🔍	Processed	7/22/22

Required Actions: If the policy should not be cancelled, submit a policy reinstatement in PDM. If the policy was cancelled flat then the USR should be deleted, refer to page 12 of this Guidebook for further instructions.

Example 2: In this example, the policy was cancelled flat, but a USR was then submitted and rejected due to no matching policy being in force.

Record Type	Lvl	Error Code		Toler.	Error Message
1/Header	1-0	01006001 ⊖		Critical	**Policy cancelled flat - reinstate policy or delete unit**

WC734106638	7/3/22	7/3/22	9/22/22	05/Cancel#01	🔍	Processed	9/22/22
WC734106638	7/3/22	7/3/22	9/8/22	10/Nonrating Chg	🔍	Processed	9/9/22
WC734106638	7/3/22	7/3/22	7/12/22	01/New	🔍	Processed	7/14/22

Policy Number	Eff. Date	Unit		UDM Status	Processed	Link		Review
WC734106638	7/3/22	1	🔍	Suspended		E24047UF000460	ⓘ	Rejected

Required Actions: If the policy should not be cancelled, submit a policy reinstatement in PDM and then submit the rejected USR in UDM. If the policy was cancelled flat then no USR data is required and the rejected USR in UDM can be deleted.

ILLEGAL CLASS COMBINATION

USR submitted with an illegal class code combination

This error occurs when a USR is submitted with a combination of class codes that the DCRB/PCRB has deemed non permissible for the insured and/or policy term. Refer to the Table below for a list of illegal class combinations.

Example: In the example below the USR was submitted with an illegal class combination of 0951 and 0955. Section 2 of the PA Basic Manual defines class 0955 as all inclusive, thus class 0951 is not permissible.

UDM Review: Rejected from Submission - Further Action Is Required as of 6/11/24				
Record Type	Lvl	Error Code	Toler.	Error Message
4/Exposure	1-0	04043013 ⊖	Critical	Illegal class combination Classes 0951 and 0955

955   ENGINEERING CONSULTING FIRM, MECHANICAL, CIVIL, ELECTRICAL OR MINING ENGINEE
      CONSULTING FIRMS – **ALL** EMPLOYEES INCLUDING OFFICE

1. All-inclusive Classes. – These classes are not allowed to be used in combination with Codes 951, 953 and/or Code 822.

818	890	893	914	936	955	958	963	967	984	988
884	891	903	927	941	956	961	964	976	986	
887	892	905	932	948	957	962	965	981	987	

2. Restricted Classes – These classes are not allowed to be used with Code 951.

896	899	918	940	944	973	979
897	897	904	922	942	945	974
898	915	933	943	960	975	

3. Code 945 may not be used alone. Code 945 may only be used with Code 973.

4. Code 982 may <u>not</u> be used alone - it may be used concurrently with only Codes 961, 965, 980 or 983.

5. Code 906 may only be used with Code 993.

6. Code 989 may only be used with Code 994.

CLASS NOT AUTHORIZED

USR submitted with a class code that is not authorized

This error occurs when a USR is submitted with a class code that the DCRB/PCRB has not authorized for the insured and/or policy term.

Example: In the example below the USR was submitted with unauthorized class code 0957.

Record Type	Lin	Error Code	Ident	Error Message
4/Exposure	1-0	04043029 ⊖	Critical	Class 0957 not authorized
4/Exposure	1-0	---	Conditional	Authorized Classes 0951 and 0953 and 9887.

Refer to PA Basic Manual - Section 1, Item C, 2c regarding authorized classes:

When the classification of any insured has been established by the DCRB/PCRB, no policy shall be issued or endorsed, nor adjustment of premium made under any other or conflicting classification. In any instance where the established classification does not describe the current operations of the insured, the insuring carrier or insured shall draw the matter to the attention of the DCRB/PCRB in writing with full particulars prior to the application of any other classifications. The reclassification shall not take place until the DCRB/PCRB Staff has received and reviewed such documentation and has replied in writing to the insured or insuring carrier agreeing with their position or otherwise advising on which class(es) to assign. The insuring carrier is not relieved of the obligation to apply the class authorized for an insured because of lack of knowledge that the PCRB has established an authorized classification for that insured.

Required Actions:

- Pay attention to the unauthorized class errors when submitting policy information in PDM – this will alert you 20 months prior to the USR being due.

- Authorized Classes are available by Bureau File # by using the Rating and Underwriting Reference available under the Application Login – Market / Underwriting Tools and Information section of our website.

- If operations change or a class that is not authorized is recognized at audit, a request in writing must be made to the DCRB/PCRB Classification Department. Please submit all classification inquiries via the Classification Inquiry form available on our website under Industry Resources/Classifications. When submitting inquiries please include as much detail and supporting documentation as possible.

INCORRECT CLASS CODE PREMIUM VALUES

USR reported with premium value that is not equal to exposure times expected carrier loss cost value

Example: In the example below, the USR was submitted with a class 0608 carrier loss cost value that differs from the PCRB expected carrier loss cost value (PCRB loss cost x Carrier LCM) causing both rate and class premium errors.

Record Type	Lvl	Error Code	Toler.	Error Message
4/Exposure	1-0	04077003 ⊖	Critical	Class 0608 Premium 38,051 - should be 38,098 for 04/01/22 with 8.17
4/Exposure	1-0	04086009 ⊖	Priority	*Class 0608 Rating value incorrect 8.16 - should be 8.17

Effective Dates			
Split	Rate.Eff.	Exper.Mod.Dt	Exper.Mod.
0	04/01/22	04/01/22	0.900

Subject to Experience Modification

Update Type		Cov.	Classification	Exposure	Rate	Exper.Mod.Dt	Premium	Delete
✏ Edit	Revised	01	0413 - Iron Works	1,291,556	6.040	04/01/22	78,010	✖ Delete
✏ Edit	Revised	01	0608 - Flat Cement Work	466,315	8.160	04/01/22	38,051	✖ Delete
✏ Edit	Revised	01	0675 - Machinery or Equipment Erection	1,945,459	4.010	04/01/22	78,013	✖ Delete
✏ Edit	Revised	01	0951 - Salesperson - Outside	809,795	0.310	04/01/22	2,510	✖ Delete
✏ Edit	Revised	01	0953 - Office	514,066	0.150	04/01/22	771	✖ Delete

Required Actions:
- Verify that the reported carrier loss cost value matches the filed and approved DCRB/PCRB loss cost filing value.

  - If the reported carrier loss cost value matches the filed and approved DCRB/PCRB loss cost value, please send email including filed & approved SERFF filing documents.

  - If the reported carrier loss cost value does NOT match the filed and approved DCRB/PCRB loss cost value submit USR correction.

USR PREVIOUS RECORD VALUES DO NOT MATCH PRIOR USR REVISED RECORDS

USR submitted with previous record values that do not match the prior USR's revised values

Note: The DCRB/PCRB does NOT accept replacement reports and does NOT currently permit editing of incorrectly reported previous records.

Example: In the example below, the 1-1-E previous record values for statistical codes 0063, 0938, 9663 and 9887 do not match the 1-0 revised record values.

Record Type	Lvl	Error Code	Toler.	Error Message
4/Exposure	1-1	04041001 ⊖	Critical	Class 0063 Previous Exposure record does not match prior report
4/Exposure	1-1	04121009 ⊖	Critical	Class 0063 Previous exposure record missing
4/Exposure	1-1	04041001 ⊖	Critical	Class 0938 Previous Exposure record does not match prior report
4/Exposure	1-1	04121009 ⊖	Critical	Class 0938 Previous exposure record missing
4/Exposure	1-1	04041001 ⊖	Critical	Class 9663 Previous Exposure record does not match prior report
4/Exposure	1-1	04121009 ⊖	Critical	Class 9663 Previous exposure record missing
4/Exposure	1-1	04041001 ⊖	Critical	Class 9887 Previous Exposure record does not match prior report
4/Exposure	1-1	04121009 ⊖	Critical	Class 9887 Previous exposure record missing

1-1-E USR

Not Subject to Experience Modification

Update Type	Cov.	Classification	Exposure	Rate	Premium	Delete
Edit Previous		9663 - [Stat] Deductible After MOD	0	0.000	225,651	✕ Delete
Edit Revised	00	9663 - [Stat] Deductible After MOD	0	0.000	72,416	✕ Delete
Edit Previous		9887 - [PA-Stat] Schedule Rating Credit	0	0.000	91,410	✕ Delete
Edit Revised	00	9887 - [PA-Stat] Schedule Rating Credit	0	0.000	29,335	✕ Delete

Total Standard Exposure: 28,380,846 ✎ Edit
Total Standard Premium: 15,590

Non-Standard Class Codes

Update Type	Cov.	Classification	Exposure	Rate	Premium	Delete
Edit Previous		0063 - [Stat] Premium Discount	0	0.000	18,099	✕ Delete
Edit Revised	00	0063 - [Stat] Premium Discount	0	0.000	5,808	✕ Delete
Edit Previous		0938 - [PA-Stat] Employer Assessments	0	0.000	7,092	✕ Delete
Edit Revised	00	0938 - [PA-Stat] Employer Assessments	0	0.000	2,431	✕ Delete

1-0 USR

Not Subject to Experience Modification

Update Type	Cov.	Classification	Exposure	Rate	Premium	Delete
Edit Revised	00	9663 - [Stat] Deductible After MOD	0	0.000	225,651	✕ Delete
Edit Revised	00	9887 - [PA-Stat] Schedule Rating Credit	0	0.000	91,410	✕ Delete

Total Standard Exposure: 28,380,846 ✎ Edit
Total Standard Premium: 48,578

Non-Standard Class Codes

Update Type	Cov.	Classification	Exposure	Rate	Premium	Delete
Edit Revised	00	0063 - [Stat] Premium Discount	0	0.000	18,099	✕ Delete
Edit Revised	00	0938 - [PA-Stat] Employer Assessments	0	0.000	7,092	✕ Delete
Edit Revised	00	9740 - [Stat] Terrorism	0	0.000	8,514	✕ Delete

Required Actions: UDM does NOT currently permit users to change previous records. Suspended 1-1-E USR with incorrect previous record values should be deleted and a new 1-1-E USR with correct previous record values should be submitted.

Note: Saved, Validated and Suspended USRs can be deleted by selecting the USR on the UDM Search Results page and then clicking the delete button.
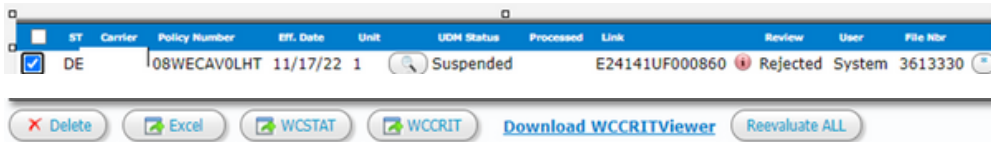
Miscellaneous Reporting Scenarios

These instructions will help guide the correct way to report USR data including manual guidelines.

USR DELETE

USR submitted with incorrect values. The DCRB/PCRB does NOT accept replacement reports and does NOT currently permit editing of incorrectly reported previous records. If a USR is submitted with incorrect values and you need to delete that USR there are two options to do so.

Required Actions:
- Saved, Validated and Suspended USRs can be deleted by selecting the USR on the UDM Search Results page and then clicking the delete button.

- Processed USRs cannot be deleted or edited in any way. To delete data submitted on a processed 1-0 USR you must submit a USR correction with All Previous only records that exactly match the USR you wish to delete, No Revised records and All USR totals of 0.
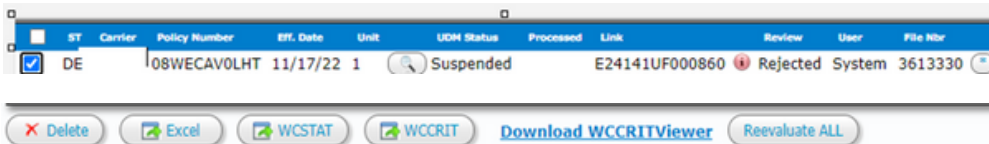
Note: If a subsequent report USR (levels 2-10) that was not required or contained errors is submitted in error and has already been processed it should not be deleted via the submission of a USR correction with all Previous records and USR totals of 0. It is NOT possible to delete a single, already processed USR report level. Please contact your DCRB/PCRB carrier group analyst for guidance on what action, if any, is required.

NO EXPOSURE

When a policy is issued, either on an "if any" basis or as a multi-state policy, and upon audit it is determined that exposure did not develop, a first level unit statistical report must be submitted containing either:

1) no exposure records at all, or

2) a single exposure record containing Class Code 1111, No Exposure.

If the Class Code 1111 option is chosen, it must be reported with no corresponding exposure, rate, or premium amounts. All "no exposure" unit totals (exposure, loss, etc.) must be equal to zero, and there should be no corresponding exposure or loss records reported. The use of either Option 1) or 2) above will alert the PCRB that no exposure developed in the state.

EXAMPLE:

SHORT RATE CANCELLATION CALCULATION

Rated Risk with non-ratable element

When a policy is canceled short term, the actual payroll and manual premium developed shall be reported. The additional premium charged as a penalty for short-term policies is determined by extending the payrolls to a full policy period, determining the resulting premiums, and applying the appropriate factor from the short-rate cancellation table. Refer to Section 1, Rule X, Part E of the [Pennsylvania Manual of Rules, Classifications and Rating Values for Workers Compensation and for Employers Liability Insurance](#) for the Short Rate Cancellation Table.

The optional non-ratable element is not subject to the experience modification.

Premium developed from actual exposure

    $15,312 + $1,878 = $17,190

Short Rate Penalty Premium Calculation

1)   Actual Policy Period = 6 months
2)   Payroll extended to an annual basis

$$180{,}559 \times \frac{365 \text{ days}}{181 \text{ days}} = 364{,}111$$

$$3{,}894 \times \frac{365 \text{ days}}{181 \text{ days}} = 7{,}853$$

3)   Annual Premiums

a. Rated

Class	Payroll	Rate	Premium
0513	364,111	8.75	$31,860
0953	7,853	0.49	$38
Total Subject Premium			$31,898
Experience Modification			.968
Total Modified Premium			$30,877

b. Non-Rated

Class	Payroll	Rate	Premium
0176	364,111	1.04	$3,787

Total Standard Premium $30,877 + $3,787 = $34,664

4)   Short Rate Percentage 6 months = .60
    Source: Short-Rate Table in Basic Manual
5)   Short Rate premium for canceled policy = $34,664 x .60 = $20,798
6)   Short Rate penalty premium code 0931 = $20,798 - $17,190 = $3,608

RATABLE CLASS WITH MANDATORY NON-RATABLE ELEMENT

For class codes 615, 810, 4771, 7405 and 7413, there is a Mandatory Non-Ratable Element established by the PCRB.

When reporting these classifications, the ratable element's premium is subject to the experience modification. The optional non-ratable element's premium is not subject to the experience modification.

Note: All non-ratable class exposures are excluded from the total standard exposure, however non-ratable class premiums are included when calculating the Pennsylvania Employers' Assessment, Code 0938.

Effective Dates

Split	Rate.Eff.	Exper.Mod.Dt	Exper.Mod.
0	04/01/18	04/01/18	0.000

Subject to Experience Modification

Update Type	Cov.	Classification	Exposure	Rate	Exper.Mod.Dt	Premium
Revised	01	7413 - Aircraft Operation Commuter	19,421	1.490	04/01/18	289
Revised	01	9812 - [Stat] Increased Limits	0	0.000	04/01/18	3

Authorized Classes 0951, 0953, 7413, 7453.

Total Subject Premium:	292
Experience Mod (X.XXX):	0.000
Total Modified Premium:	292

Underwriting Classes and Ratings
No Rating Information Available

Not Subject to Experience Modification

Update Type	Cov.	Classification	Exposure	Rate	Premium
Revised	01	7453 - NON-Rateable Element - Class 7413	19,421	0.330	64

Total Standard Exposure:	19,421
Total Standard Premium:	356

Non-Standard Class Codes

Update Type	Cov.	Classification	Exposure	Rate	Premium
Revised	01	0063 - [Stat] Premium Discount	0	0.000	38
Revised	01	9740 - [Stat] Terrorism	0	0.000	4
Revised	01	9741 - [Stat] Catastrophe Other Than Terrorism	0	0.000	4

RATABLE CLASS WITH OPTIONAL NON-RATABLE ELEMENT

An Optional Non-Ratable Element is established by the PCRB when the non-ratable element is authorized by the PCRB's Classification Department.

This example reflects ratable class Code 0445 and the optional, non-ratable code 0067. Note that while this specific example uses these two classes only, it is also applicable to any other PCRB established, optional non-ratable codes such as those associated with classification Code 0447, Code 0513 and classifications with radiation or carcinogen exposure.

When reporting these classifications, the ratable element's premium is subject to the experience modification. The optional non-ratable element's premium is not subject to the experience modification.

Note: All non-ratable class exposures are excluded from the total standard exposure, however non-ratable class premiums are included when calculating the Pennsylvania Employers' Assessment, Code 0938.

Effective Dates			
Split	Rate.Eff.	Exper.Mod.Dt	Exper.Mod.
0	10/01/22	10/01/22	1.000

Subject to Experience Modification

Update Type	Cov.	Classification	Exposure	Rate	Exper.Mod.Dt	Premium
Revised	01	0445 - Hardware Mfg., N.O.C.	497,369	1.430	10/01/22	7,112
Revised	01	0953 - Office	64,681	0.090	10/01/22	58
Revised	01	5445 - [PA-Carrier] Hardware Mfg, NOC	58,011	1.690	10/01/22	980
Revised	01	9807 - [Stat] Increased Limits	0	0.000	10/01/22	88
Revised	01	9848 - [Stat] Part II - Balance to Minimum	0	0.000	10/01/22	12

Authorized Classes 0067, 0445, 0815, 0925, 0938, 0951, 0953, 5445, 9898.

Total Subject Premium:	8,252
Experience Mod (X.XXX):	1.000
Total Modified Premium:	8,252

Underwriting Classes and Ratings

Eff.Date	Exp.Date	Classification	Auth.	Rate
10/01/22	10/01/23	9898 - Experience Modification	YES	1.0000

Not Subject to Experience Modification

Update Type	Cov.	Classification	Exposure	Rate	Premium
Revised	01	0067 - [PA] Suppl. Loading for Class 445	38,995	0.050	19

Total Standard Exposure:	620,061
Total Standard Premium:	8,271

Non-Standard Class Codes

Update Type	Cov.	Classification	Exposure	Rate	Premium
Revised	01	0063 - [Stat] Premium Discount	0	0.000	340
Revised	01	0900 - [Stat] Expense Constant	0	0.000	200
Revised	01	0938 - [PA-Stat] Employer Assessments	0	0.000	220
Revised	01	9740 - [Stat] Terrorism	0	0.026	161
Revised	01	9741 - [Stat] Catastrophe Other Than Terrorism	0	0.010	81

INDIVIDUAL RISK EXPERIENCE INCLUDING PREMIUMS FOR OPERATION SUBJECT TO USL&HW COMPENSATION ACT FOR A "NON-F" CLASSIFICATION

When reporting a classification that includes coverage for the USL&HW Compensation Act, increase the rating value by the applicable USL&HW percentage. The increased rate shall apply only to the payroll of those employees engaged in operations subject to the USL&HW Compensation Act.

Note: USL&HW and Federal class exposures should be included when calculating Terrorism, Code 9740, and Catastrophe (other than Certified Acts of Terrorism), Code 9741. However, pursuant to Act 57 of 1997, Federal Class premiums are not included when calculating the Pennsylvania Employers' Assessment Code 0938.

Class 0415's carrier rating value as of 04/01/22 is 4.32; the carrier rating value including coverage for the USL&HW Compensation Act is 4.32 x 1.730 = 7.47. Refer to Section I, Rule XII of the [Pennsylvania Manual of Rules, Classifications and Rating Values for Workers Compensation and Employers Liability Insurance](#) for further instructions concerning the USL&HW Compensation Act.

Effective Dates

Split	Rate.Eff.	Exper.Mod.Dt	Exper.Mod.
0	12/01/22	12/01/22	1.392

Subject to Experience Modification

Update Type	Cov.	Classification	Exposure	Rate	Exper.Mod.Dt	Premium
Revised	01	0415 - Fabricated Plate Work	16,035,519	4.320	12/01/22	692,734
Revised	02	0415 - Fabricated Plate Work	26,307	7.470	12/01/22	1,965
Revised	01	0953 - Office	2,154,996	0.160	12/01/22	3,448
Revised	00	9812 - [Stat] Increased Limits	0	0.000	12/01/22	9,774

Authorized Classes 0415, 0938, 0951, 0953, 9890, 9898.

Total Subject Premium:	707,921
Experience Mod (X.XXX):	1.392
Total Modified Premium:	985,426

Underwriting Classes and Ratings

Eff.Date	Exp.Date	Classification	Auth.	Rate
12/01/22	12/01/23	9898 - Experience Modification	YES	1.3920

Not Subject to Experience Modification

Update Type	Cov.	Classification	Exposure	Rate	Premium
Revised	00	9889 - [PA-Stat] Schedule Rating Debit	0	0.000	19,709
Revised	00	9890 - [PA-Stat] Safety Committee Credit (5%)	0	0.000	50,257

Total Standard Exposure:	18,216,822
Total Standard Premium:	954,878

Non-Standard Class Codes

Update Type	Cov.	Classification	Exposure	Rate	Premium
Revised	00	0063 - [Stat] Premium Discount	0	0.000	102,591
Revised	00	0900 - [Stat] Expense Constant	0	0.000	250
Revised	00	0938 - [PA-Stat] Employer Assessments	0	0.000	23,121
Revised	00	9740 - [Stat] Terrorism	0	0.000	8,380
Revised	00	9741 - [Stat] Catastrophe Other Than Terrorism	0	0.000	4,190

USR WITH SPLIT PERIODS

USR split periods are necessary when changes occur in the insurance policy that affects coverage, rates, or rating factors (such as merit rating or experience modifications) during the policy period.

Policy effective 12/1/21 – 12/1/22

Rating Effective Dates – 8/31/21 (mod = 1.570) & 8/31/22 (No mod applies / 9885 merit rating credit applies)

In the example the policy is effective after the elimination of the anniversary rating date. As such, all applicable rates are to be based upon the policy effective date.

Split 0 – Rate eff date should be 12/1/21 (policy eff date) & experience mod. eff date should be 8/31/21.
Split 1 - Rate eff date should be 12/1/21 (policy eff date) & experience mod. eff date should be 8/31/22.

Required Actions: In this example the rate effective dates on both split 0 and split 1 have been reported incorrectly causing errors to be generated. Submit USR correction amending the rate effective dates on both split periods to 12/1/21 (policy eff date).

Select	Split	Rate.Eff.	Exper.Mod.Dt	Exper.Mod.
🔍	0	08/31/21	08/31/21	1.570
🔍	1	08/31/22	08/31/22	0.000

4/Exposure	1-0	04061622 ⊖	Priority	Invalid WCSTAT4Exposure - Rate Effective Date: "210831" - must be equal to or greater than PolicyEffectiveDate
4/Exposure	1-0	04061622 ⊖	Priority	Invalid WCSTAT4Exposure - Rate Effective Date: "210831" - must be equal to or greater than PolicyEffectiveDate
4/Exposure	1-0	04061622 ⊖	Priority	Invalid WCSTAT4Exposure - Rate Effective Date: "210831" - must be equal to or greater than PolicyEffectiveDate
4/Exposure	1-0	04061622 ⊖	Priority	Invalid WCSTAT4Exposure - Rate Effective Date: "210831" - must be equal to or greater than PolicyEffectiveDate
4/Exposure	1-0	04061622 ⊖	Priority	Invalid WCSTAT4Exposure - Rate Effective Date: "210831" - must be equal to or greater than PolicyEffectiveDate

EXPOSURE - OTHER THAN PAYROLL

Please see WCSTAT Specifications and PA Statistical Plan Manual excerpts below.

WCSTAT Specifications Manual

EXPOSURE AMOUNT

Report the amount that represents the basis for determing premium on a per classification level.

Exposure amount is normally on a payroll basis. Exceptions include per capita, seat surcharge, etc.

Refer to Statistical Plans for classification code exceptions.

For Payroll Exposure Amount, report the entire whole dollar exposure amount for each classification assigned to the policy to the nearest whole dollar amount.

For Non-Payroll Exposure, report non-payroll exposure amounts to the nearest tenth of a unit, omitting the decimal point.

For non-payroll exposure amounts, there is an assumed decimal point between positions 75 and 76.

PA Statistical Plan Manual

For a number of classifications, the Manual provides a basis of exposure other than payroll. The following method of reporting shall be used in such instances:

a. Per Capita Classifications - Experience on per capita classifications shall be reported in the Exposure Amount field. An employee covered under a per capita classification for a period of one year shall be reported as an exposure of 1.0. Similarly, if coverage is terminated before the expiration of a year, the exposure reported per person shall be that decimal part of a year, expressed to the nearest tenth, for which the coverage was in effect. For example, an employee covered for four months should be reported as an exposure of 0.3. Exposure shall be governed by the duration of the coverage and not by the number of days worked.

b. Volunteer Firemen - Class 0994. Where the policy provides coverage for Volunteer Firemen, enter the total population serviced.

c. Volunteer Ambulance Companies - Class 0993. Where the policy provides coverage for Volunteer ambulance companies, report the number of such companies for the exposure amount, carried to the nearest tenth.

d. Per Person Week - Workfare Program Employees - Class 0982. Where the policy provides coverage for Community Work Experience Program employees or Workfare, report the number of employees on a per person week basis for the exposure amount, carried to the nearest tenth. The premium derived is not subject to experience or retrospective rating.

e. Per Company - Volunteer Hazardous Materials Response Team - Class 0996. Where the policy provides coverage for Volunteer Hazardous Materials Response Team, report the number of such company/teams in the space provided for the exposure amount, carried to the nearest tenth.

Note: Premium for the Code 9740, Terrorism and Code 9741, Catastrophe (other than Certified Acts of Terrorism), does not apply to these classifications.

Example 1: In the example below there is 1 employee who's covered for an entire year.

Exposure Amount is reported as 10.

Note: Per the WCSTAT Specification Manual per-capita class exposures are required to be reported rounded to the nearest 10th, and there's an assumed decimal point between positions 75 and 76.

Example 2: In the example below the policy term is less than a year thus the per-capita class exposures must be pro-rated to reflect the short-term coverage period. 4/10/22 through 10/15/22 = 188 days. 188 days / 365 days = .52

Pro-rated per-capita class exposures

Class 0909 = 2 employees pro-rated to reflect coverage period – 2.00 x .52 = 1.04 – exposure reported as 10

Class 0912 = 1 employee pro-rated to reflect coverage period – 1.00 x .52 = .52 – exposure reported as 5

Data Quality Inquiries

Helpful tips on how to respond successfully to PCRB staff data quality inquiries, given certain criteria, our analysts flag anomalies.

As part of our ongoing dedication to ensuring the completeness and accuracy of the data utilized in the DCRB/PCRB loss cost filings, we regularly send inquiries regarding USR data quality whenever we identify any anomalies. Here are a few examples of data quality inquiries you may come across.

The PCRB data analysts utilize all available information to deepen our understanding of the data. It is essential that all key fields are reported consistently to aid in matching. This consistency will help minimize the number of inquiries sent to data reporters. The table below outlines the key fields that should align.

	Data Type				
	Policy Data	Unit Statistical Data	Financial Call #4	Medical Data Call	Indemnity Data Call
Carrier Code	X	X	X	X	X
Policy Number	X	X	X	X	X
Policy Effective Date	X	X	X	X	X
Exposure State Code	X	X	X		
Claim Number		X	X	X	X
Accident Date		X	X (Effective 2024)	X	X
Jurisdiction State Code		X		X	X
Accident State Code					X

RECOVERY CHANGED

USR claim reported with a change in recovery code

When a carrier receives a subrogation recovery/notification on a claim they are required to submit USR corrections for prior levels that reflected an amount higher than the incurred cost prior to recovery.

Any claim reported with a recovery code that changes on any report level will be reviewed by DCRB/PCRB staff for reasonability and if necessary, carrier inquiries are sent requesting verification.

Statistical Plan rules require that USR corrections are required reducing the reported values by the amount of the recovery. Section I, Item L4.

Note: Correction reports are required for prior report levels that reflect an amount higher than the incurred cost.

Subrogation Claims

a. For subrogation cases the net liability shall be determined by deducting from the incurred cost prior to recover the amount recovered through subrogation less any expenses incurred in connection with such recovery exceed the amount recovered, the net amount of losses reported shall not exceed the gross amount of loss prior to recovery. If specific indemnity and medical recovery amounts are unknown, the net liability incurred shall be apportioned to indemnity and medical in the same proportion as existed in the gross incurred loss.

b. When a subrogation recovery is received by the carrier subsequent to the first reporting of the claim, correction reports must be filed with the PCRB reducing the incurred loss on the claim by the amount of the subrogation recovery received. Correction reports are required for prior report levels that reflected an amount higher.

Example 1a: In the example below the claim is reported on the 6th level USR with a recovery code change to 03 and the recovery amounts are known to have been an indemnity recovery of $14,469 and a medical recovery of $14,469.

Clear															
Claim Nbr	LVL	Incur.Ind	Incur.Med	Incur.Tot	Status	Paid Ind	Paid Med	Paid Tot	Accident	Inj	L-Cov	Typ	Rec	Cov	Sett
201525950	6	224,674	95,743	320,417	CLOSED	224,674	95,743	320,417	08/19/15	03	01	01	03	01	06
201525950	4	224,674	95,743	320,417	CLOSED	224,674	95,743	320,417	08/19/15	03	01	01	03	01	06
201525950	3	224,674	95,743	320,417	CLOSED	224,674	95,743	320,417	08/19/15	03	01	01	03	01	06
201525950	2	224,674	95,743	320,417	OPEN	224,674	95,743	320,417	08/19/15	03	01	01	03	01	00
201525950	1	43,712	44,200	87,912	OPEN	38,777	32,270	71,047	08/19/15	05	01	01	03	01	00
201527905	1	0	2,207	2,207	CLOSED	0	2,207	2,207	12/18/15	06	01	01	01	01	00

Required Actions: Verify the values reported for the claim on all USR report levels and submit all required USR corrections as soon as possible.

Note: Because the 2nd thru 4th level reported total incurred value is greater than the 6th level (after recovery) reported total incurred value, level 2 thru 4 USR corrections are required reducing the originally reported values by the amount of the recovery

Expected level 2 thru 4 corrections would be as follows:

Level 4 correction: Incurred/Paid indemnity changed to $224,674 ($239,143 - $14,469 = $224,674) – Incurred/Paid medical changed to $95,743 ($110,212 - $14,469 = $95,743)

Level 3 correction: Incurred/Paid indemnity changed to $224,674 ($239,143 - $14,469 = $224,674) – Incurred/Paid medical changed to $ 90,724 ($105,193 - $14,469 = $ 90,724)

Level 2 correction: Incurred/Paid indemnity changed to $ 212,696 ($227,165 - $14,469 = $ 212,696) – Incurred/Paid medical changed to $91,132 ($105,601 - $14,469 = $ 91,132)

Example 1b: Using the same example above where the individual recovery amounts are NOT known and total recovery amount excluding expense is $28,938.

A suggested method for these calculations is given in the following example, where-in the net liability incurred is apportioned to indemnity and medical in the same proportion as existed in the gross incurred loss.

Level 4 calculation

	Total	Indemnity	% of Total	Medical	% of Total
Gross Incurred Loss	$349,355	$239,143	68	$110,212	32
Subrogation Received	$30,000				
Claim Expense	$1,062				
Net Loss	$320,417	$217,884	68	$102,533	32
Net Recovery	$28,938				

Level 4 correction: Incurred/Paid indemnity changed to $217,884 ($320,417 x .68 = $217,884) – Incurred/Paid medical changed to $102,533 ($320,417 x .32 = $102,533)

Level 3 correction: Incurred/Paid indemnity changed to $214,471 ($315,398 x .68 = $214,471) – Incurred/Paid medical changed to $ 100,927 ($315,398 x .32 = $100,927)

Level 2 correction: Incurred/Paid indemnity changed to $ 206,916 ($304,288 x .68 = $206,916) – Incurred/Paid medical changed to $ 97,372 ($304,288 x .32 = $97,372)

CHANGING CLAIM CLASSES

The class code of a claim is changed from one report level to the next.

5/Loss	9-0	05061010 ⊖	Priority	Claim 15132874 fields do not match prior report - ClassificationCode

Example: In the example below the class code for claim 15132874 changed from the 8-1-L correction to the 9-0 Previous and Revised records. Although the generated error is not critical, given the potential impact this can have on both ratings and ratemaking, this is an error that needs to be reviewed and acted upon promptly.

Note: The DCRB/PCRB does NOT permit changes to a claims class code on an original subsequent report USR (2-0 through A-10).

Required Actions: Verify carrier records to identify the correct class code for the claims. Submit USR corrections for each level where the claim was reported with the incorrect class code.

Revised	15132874	03/03/15	547,663	291,360	0608 - Flat Cement Work	Permanent Partial Disability	Open	8-1
Previous	15132874	03/03/15	547,663	291,360	0661 - [PA] Electrical Wiring in Buildings	Permanent Partial Disability	Open	8-1
Revised	15132874	03/03/15	539,662	291,361	0661 - [PA] Electrical Wiring in Buildings	Permanent Partial Disability	Open	9-0
Previous	15132874	03/03/15	547,663	291,360	0661 - [PA] Electrical Wiring in Buildings	Permanent Partial Disability	Open	9-0

QUESTIONABLE INJURY CODE 5 (TEMPORARY) CLAIM REPORTED

All injury code 05 claims reported with indemnity incurred over $100,000 and no settlement or recovery code are reviewed and may be questioned.

The Statistical Plan Manual states that claims whose duration of benefits are either indeterminate or exceed or are expected to exceed one year of benefits should be coded as injury code 09 (Permanent Partial). Section II, Item C 7f.

Permanent Partial Disability Code - 09

(1) Cases involving partial disability or permanent injuries, as defined in Sections 306(b) or 306(c) respectively of the Workers' Compensation Act. Such cases involve loss, or loss of use, of members of the body, sight or hearing and disfigurement of the head, neck or face. Do not include permanent injuries defined as Permanent Total above.

(2) Cases involving total disability, other than permanent total disability, if either of the following holds true:

　　(a) The duration of the disability benefits exceeds, or is expected to exceed, one year.
　　(b) In the judgement of the carrier, the extent of the liability for future payment is indeterminate. The amount reported as indemnity shall include specific benefits and compensation for temporary disability as well as loss of earning capacity.

Example: In the example below the incurred indemnity reported for the claim far exceeds a years' worth of benefits (max benefit for 2020 = $1,081 x 52 weeks = $56,212) and no settlement or recovery have been reported.

Claim Nbr	LVL	Incur.Ind	Incur.Med	Incur.Tot	Status	Paid Ind	Paid Med	Paid Tot	Accident	Inj	L-Cov	Typ	Rec	Cov	Sett
8911362	1	341,212	80,444	421,656	OPEN	50,189	10,767	60,956	12/08/20	05	01	01	01	01	00

Required Actions:
Review carrier records to identify the accurate injury code for the claims and confirm all reported loss values across all USR report levels. Submit corrections for the USR at each level where the claim was documented with an incorrect injury code or other loss values. If you believe the claim is correctly reported at all levels, please provide all relevant information that supports your stance.

CHANGING LOSS TYPE CODE

The type of loss code of a claim is changed from one report level to the next. This is a very uncommon occurrence requiring verification.

Type of Loss Code Description
- 01 Trauma
- 02 Occupational Disease (OD)
- 03 Cumulative Injury other than Disease

Example: In the example below the 2nd report USR type of loss code is changing from 01 (trauma) to 02 (Occupational disease).

Note: The reported part nature and cause of injury, 36-finger, 59-all other specific injuries, 70-striking against or stepping on is NOT consistent with a type of loss code 02 (Occupational disease).

Claim Nbr	LVL	Incur.Ind	Incur.Med	Incur.Tot	Status	Paid Ind	Paid Med	Paid Tot	Accident	Inj	L-Cov	Typ	Rec	Cov	Sett
Y3FC43094	2	0	4,052	4,052	CLOSED	0	4,052	4,052	03/01/22	06	01	01	01	01	00
Y3FC43094	1	0	3,173	3,173	CLOSED	0	3,173	3,173	03/01/22	06	01	01	01	01	00

Required Actions: Verify the values reported for the claim on all USR report levels, advise us of your findings and submit all required USR corrections as soon as possible.

NON-COMPENSABLE CLAIM (SETTLEMENT CODE 05)

USR claim reported with settlement code 05 (Dismissal-Take nothing)

Any claim reported with a settlement code 05 on any report level will be excluded from ratemaking and rating calculations therefore all claims submitted with settlement code 05 are reviewed by DCRB/PCRB staff for reasonability and if necessary, carrier inquiries are sent requesting verification.

Example: In the example below the claim is reported on the 4th level USR with settlement code 05. This appears questionable since the claim has had additional payments reported on the most recent valuation and the claim status is open.

Claim Nbr	LVL	Incur.Ind	Incur.Med	Incur.Tot	Status	Paid Ind	Paid Med	Paid Tot	Accident	Inj	L-Cov	Typ	Rec	Cov	Sett
16007469	4	54,377	73,985	128,362	OPEN	13,910	68,488	82,398	12/22/16	05	01	01	01	01	05
16007469	3	29,615	58,717	88,332	OPEN	13,426	55,006	68,432	12/22/16	05	01	01	01	01	00
16007469	2	4,615	33,515	38,130	OPEN	4,615	28,624	33,239	12/22/16	05	01	01	01	01	00
16007469	1	0	14,937	14,937	OPEN	0	12,832	12,832	12/22/16	06	01	01	01	01	00

Required Actions: Verify the values reported for the claim on all USR report levels, advise us of your findings and submit all required USR corrections as soon as possible. Note: Settlement code 05 should only be reported on USR report levels with valuation dates on or after the non-compensability determination date.

When responding please provide responses to each of the following questions:
- Do any settlements apply? If so, please provide all settlement dates/amounts.

- Do any recoveries apply? If so, please provide all settlement dates/amounts.

Criteria which will cause us to ask for additional verificaiton or explanation:
- Large payments on the reporting level when the settlement code 05 is first reported
- Individual unit reports with a large percentage of claims reported with settlement codes 05
- Claims reported with settlement code 05 and loss development reported on a subsequent level
- Claims reported with settlement code 05 on prior level and subsequent level reported with settlement code other than 05

Note: Pa Basic Manual rules, Section V, Item 7a considers any of the following as non-compensable claims (settlement code 05).

For purposes of this rule, the term "non-compensable" refers to:

i. an official ruling specifically holding that a claimant is not entitled to benefits under the provisions of the
    Pennsylvania Workers Compensation or Occupational Disease Act.

ii. a case where no claim was filed during the period of limitation provided by the Pennsylvania Workers Compensation or Occupational Disease Act for the filing of such claim and the carrier therefore closes the case.

iii. a case where the carrier contends, prior to the valuation date, that a claimant is not entitled to benefits under the Pennsylvania Workers' Compensation or Occupational Disease Act and the claim is officially closed because of the claimant's failure to prosecute his claim.

PREMIUM NO LOSS

USR reported with a standard premium of $50,000 or more with no claims reported.

Total Standard Exposure:	2,032,581
Total Standard Premium:	51,952

Record Type	Lvl	Error Code	Toler.	Error Message
6/Unit Total	1-0	06073007 ⊖	Warning	No Losses, possible incomplete unit - Premium greater than $50, 000

The omission of loss data impacts both ratings and ratemaking thus these occurrences require verification.

Required Actions: Verify all exposure and loss values reported for the USR, advise us of your findings and submit all required USR corrections as soon as possible.

ESTIMATED AUDIT BEYOND 60 DAYS

USR reported with estimated exposure values.

Record Type	Lvl	Error Code	Toler.	Error Message
1/Header	1-0	01149002 ⊖	Priority	Estimated Exposure Policy Indicator has been reported. Audited data is required.

The omission of audited exposure and/or loss data impacts both ratings and ratemaking thus these occurrences require DCRB/PCRB follow-up. Although estimated audit USRs are accepted, the Statistical Plan requires that revised/audited values must be reported as soon as they're available. The Statistical Plan also requires that if estimated values are reported due to an uncooperative insured, the Estimated Audit Code be reported as "U-uncooperative".

Required Actions: Verify all exposure and loss values reported for the USR, advise us of your findings and submit all required USR corrections as soon as possible.

PA Stat Plan Manual, Section II, Part 4

> b   Payrolls reported must be audited payrolls even on minimum premium risks. When a final audit has not been made at the time of filing a report, the policy condition field Estimated Audit Code should be marked with the symbol "Y" and without further request MUST be replaced by a revised report as soon as audited payrolls are available.

Injury Code Reporting

Tips on successful injury code reporting through out the life of a claim.

INJURY CODE CHANGED AFTER CLAIM CLOSED

Claim injury code changing after the claim is closed.
The submitted USR reflects an unexpected change in injury code after the claim was closed. Due to the potential impacts that incorrect injury code reporting may have on DCRB/PCRB loss cost filings, DCRB/PCRB follow-up is required.

Example: In the example below the 2nd report USR injury code is changing from 05 (temporary) to 09 (permanent partial) even though the claim was closed on the 1st report and no other values were changed on the 2nd report.

Claim Nbr	LVl	Incur.Ind	Incur.Med	Incur.Tot	Status	Paid Ind	Paid Med	Paid Tot	Accident	Inj
146137500002	2	7,587	3,517	11,104	CLOSED	7,587	3,517	11,104	10/29/21	04
146137500002	1	7,587	3,517	11,104	CLOSED	7,587	3,517	11,104	10/29/21	05

Required Actions: Verify the values reported for each claim and USR report level, advise us of your findings and submit all required USR corrections as soon as possible. If you believe that no correction is necessary, please provide additional information to substantiate the reported injury code change after the claims closure.

Note: If a claim reopens the injury code should remain the same unless the length of time the IW is expected to receive indemnity benefits has changed from the last reported injury code.

CLAIM CLOSED WITH INCURRED LOSSES CHANGED TO $0

USR reflects the claim's incurred loss values being reduced to $0 however the reported settlement code and/or prior level reported values do not appear to support those $0 incurred values.

Due to potentially incorrect loss and/or coding values and their impacts on ratemaking and ratings DCRB/PCRB follow-up is required.

Example: In the example below the 2nd report USR is changing all incurred and paid loss values to $0 and no settlement or recovery are reflected.

Claim Nbr	LVL	Incur.Ind	Incur.Med	Incur.Tot	Status	Paid Ind	Paid Med	Paid Tot	Accident	Inj	L-Cov	Typ	Rec	Cov	Sett
4A21110R3XM	2	0	0	0	CLOSED	0	0	0	11/05/21	06	01	01	01	01	00
4A21110R3XM	1	0	9,450	9,450	OPEN	0	0	0	11/05/21	06	01	01	01	01	00

Required Actions:
- Verify the values reported for each claim and USR report level, advise us of your findings and submit all required USR corrections as soon as possible.
- If you believe that no correction is necessary, please provide additional information to substantiate the reported claim values.
- Responses should include dates and amounts of all settlements and/or recoveries.

Note: Pennsylvania Basic Manual rules, Section V, Item 7a considers any of the following as non-compensable claims (settlement code 05).

For purposes of this rule, the term "non-compensable" refers to:

i. an official ruling specifically holding that a claimant is not entitled to benefits under the provisions of the
Pennsylvania Workers Compensation or Occupational Disease Act.

ii. a case where no claim was filed during the period of limitation provided by the Pennsylvania Workers Compensation or Occupational Disease Act for the filing of such claim and the carrier therefore closes the case.

iii. a case where the carrier contends, prior to the valuation date, that a claimant is not entitled benefits under the Pennsylvania Workers' Compensation or Occupational Disease Act and the claim is officially closed because of the claimant's failure to prosecute his claim.

PERMANENT TOTAL CLAIM (INJURY CODE 2) NOT CHANGED TO PERMANENT PARTIAL CLAIM (INJURY CODE 09) AFTER INDEMNITY SETTLED

Example: In the example below the claim's indemnity is settled and paid in full on the 3rd report USR, however, the claim is NOT reported with injury code 09 (Permanent Partial).

Claim Nbr	LVL	Incur.Ind	Incur.Med	Incur.Tot	Status	Paid Ind	Paid Med	Paid Tot	Accident	Inj	L-Cov	Typ	Rec	Cov	Sett
83450066901	3	221,409	98,577	319,986	CLOSED	221,409	98,577	319,986	01/04/13	02	01	01	01	01	06
83450066901	2	185,484	97,441	282,925	OPEN	80,624	97,441	178,065	01/04/13	02	01	01	01	01	06
83450066901	1	146,576	101,509	248,085	OPEN	46,412	100,216	146,628	01/04/13	02	01	01	01	01	06

Permanent Total Disability Code - 02

(1)   Report as permanent total each case which has been adjudged to constitute permanent total disability or which is defined as such under the law, or which in the judgment of the carrier will result in permanent total disability. In general, permanent total disability includes cases involving the loss, or loss of use, of both hands, both arms, both feet, both legs, or both eyes. If a lump sum settlement is made or, in judgment of the carrier, will be received to settle future benefits, the injury code should be changed from a permanent total to a permanent partial.

Note: The Statistical Plan Manual requires that if future benefits are settled, the injury code must be changed to 09 (Permanent Partial). Section II, Item C, 7b.

Required Actions: Verify the values reported for each USR report level, advise us of your findings and submit all required USR corrections as soon as possible. If you believe that no correction is necessary, please provide additional information to substantiate the reported claim values.

QUESTIONABLE FRAUDULENT CLAIM CODE

USR reflects the claim's fraudulent claim code as either "01-Partially Fraudulent" or "02-Fully Fraudulent" however the reported settlement code and/or prior level reported values do not appear to support those fraudulent claim code values.

Due to potentially incorrect loss and/or coding values and their impacts on ratemaking and ratings DCRB/PCRB follow-up is required.

Fraudulent Claim Code: Report the 2-position code that indicates the claim status as respects occurrence of fraud. Code to be determined based on entry or filing of an order or other formal finding by a court or other judicial authority having jurisdiction over the case.

Code Description
- 00 Not Fraudulent
- 01 Partially Fraudulent- would apply when only a portion of the claim has been found to be fraudulent.
- 02 Fully Fraudulent

Note: When a determination of Partially fraudulent occurs, loss values on ALL USR report levels must be reduced by the amount determined to be fraudulent and the fraudulent claim code must be revised to reflect the accurate applicable coding.

7. **Revision of Losses.** It shall not be permissible to revise values because of department or judicial decision or because of developments in the nature of injury between two valuation dates except in cases:

(a) **Revision of Losses.** It shall not be permissible to revise values because of department or judicial decision or because of developments in the nature of injury between two valuation dates except in cases:

(b) where a claim is declared non-compensable (see note below), or

(c) where the claimant or carrier has recovered in an action against a third party, or

(d) where a claim should have been reported with Catastrophe Code No. 48, or

(e) where a claim or a portion of a claim is ruled or officially declared fraudulent, or

(f) where a claim should have been reported with Catastrophe Code No. 12.

In the above circumstances, revised statistical report(s) are required to be submitted in accordance with the approved Statistical Plan. When a change to a claim value due to the above circumstances is known to the insurer with certainty within 48 months of the expiration of an experience rating which included loss values for that claim, such revised statistical report(s) shall be used to adjust that experience rating. Such adjustments to experience ratings shall be made regardless of when the correction report(s) reflecting the cited event(s) is/are submitted to or received by the PCRB.

Example:

- In the scenario outlined below, the fraudulent claim code shifted from "00 – Not Fraudulent" to "01 – Partially Fraudulent" on the 3-0 USR.
- Concurrently, all incurred loss values were adjusted to $0, and the settlement code "05 – Dismissal – Take Nothing" was added.
- The reported data indicates that either:
  - the 3-0 fraudulent claim code should be "02 – Fully Fraudulent" instead of "01 – Partially Fraudulent," and the settlement code should be revised to "00 – Claim Not Subject to Settlement," or
  - the 3-0 settlement code "05 – Dismissal – Take Nothing" is accurate, and the fraudulent claim code should revert to "00 – Not Fraudulent" instead of "01 – Partially Fraudulent."
- In both cases, a correction to the 3-0 USR is necessary.

Claim Nbr	LVl	Incur.Ind	Incur.Med	Incur.Tot	Status	Paid Ind	Paid Med	Paid Tot	Accident	Inj	L-Cov	Typ	Rec	Frd
000000136777	3	0	0	0	CLOSED	0	0	0	04/30/19	06	01	01	01	
000000136777	2	27,388	32,450	59,838	OPEN	0	0	0	04/30/19	05	01	01	01	01

Required Actions: Verify the values reported for each claim and USR report level, advise us of your findings and submit all required USR corrections as soon as possible. If you believe that no correction is necessary, please provide additional information to substantiate the reported claim values.

Pension Claim Calculations

Calculation examples using pension tables for lifetime benefits.

Permanent Total Disability claim requiring pension table benefit calculations -
1st Level Report

Use Table III-M-A

Type Claim: State Act Trauma

Average Weekly Wage: $1,431

Effective Date: 10/01/20

Date of Valuation: 04/01/22

Date of Accident: 11/01/20

Date of Birth: 07/01/88

Claimant's age at Valuation: 34 {sex- M}

Weekly Benefits Paid: 1,431 * .667 = $954.77

Number of Weeks Benefits Paid To Valuation Date
516 days / 7 days = 73.714 weeks

Benefits Paid from 11/01/20 to 04/01/22
516 days / 7 = 73.714 weeks

Indemnity Paid to Valuation Date
73.714 x 954 = 70,323

Present Value of Future Payments
Present Value of $1 at Age 34 = 21.719 {Table III-M-A}
$954 x 52 x 21.719 = $1,077,436

Total Indemnity Incurred = $70,323 + $1,077,436 = $1,147,759.

Death, Widow Only claim requiring pension table benefit calculations - 1st Level Report

Use Table I-A & Table II-A

Type: State Act-Trauma | Widow's Date of Birth: 07/01/70
Average Weekly Wage: $1,263 | Age at Widowhood: 50
Effective Date: 09/01/20 | Age at Valuation: 52
Date at Valuation: 03/01/22 | Date of Death: 11/01/20
Date of Accident: 11/01/20

Present Value of Future Payments
Widow: Weekly Benefit = .51 x ($1,263) = $644.13
Present Value of $1 = 17.342 - Widowhood at age 50, $^a[x]$ Value
$644.13 x 52 x 17.342= $580,866

Lump Sum Dowry Benefit
Duration: 2 years = 104 weeks
Weekly Benefit: $644.13
Present Value of Remarriage Dowry = .0552
$644.13 x 104 x .0552 = $3,698

Indemnity Paid to Valuation Date
Benefits Paid from 11/01/20 to 03/01/22 = 485/7= 69.286 wks
69.286 wks. x $644.13 = $44,629

Funeral: $7,000

Total Incurred Indemnity: $580,866 + $3,698 + $44,629 + $7,000 = $636,193

Death claim requiring pension table benefit calculations, Widow with 1 Child -
1st Level Report

Use Table I-A & Table II-A

Type: State Act-Trauma
Average Weekly Wage: $695   Widow's Date of Birth: 09/01/74
Effective Date: 09/01/20   Age at Widowhood: 46
Date at Valuation: 03/01/22   Age at Valuation: 48
Date of Accident: 11/01/20   Date of Death: 11/01/20

Present Value of Future Payments
Widow: Weekly Benefit = .51 x ($695) = $354.45
Present Value of $1 = 17.947 - Widowhood at age 46 ^{a}[x] Value
$354.45 x 52 x 17.947= $330,788

Child 1 (DOB 04/05/16) Benefits: Payable until child is 18 years old.
Weekly Benefit = .09 x ($695) = $62.55
No. of Weeks Payable = 03/01/22 to 04/05/2034 = 4418 days / 7 =
631.143 (weeks)
$62.55 x 631.143 = $39,478

Remarriage Dowry
Weekly Benefit - $354.45
Present Value of Remarriage Dowry = .0835
No. of Weeks Payable = 104 weeks
$354.45 x 104 x .0835 = $3,078

Indemnity Paid to Valuation Date
Weekly Benefit = .60 x $695 = $417.00
No. of Weeks Payable = 11/01/20 to 03/01/22 - 485 days / 7 = 69.286 (weeks)
$417 x 69.286 = $28,892

Funeral Allowance = $7,000

Total Indemnity Incurred = $330,788 + $39,478 + $3,078 + $28,892 + $7,000 = $409,236

Death claim requiring pension table benefit calculations, Widow with 2 Children - 1st Level Report

Use Table I-A & Table II-A

Type: State Act-Trauma
Average Weekly Wage: $695
Effective Date: 09/01/20
Date at Valuation: 03/01/22
Date of Accident: 11/01/20

Widow's Date of Birth: 09/01/74
Age at Widowhood: 46
Age at Valuation: 48
Date of Death: 11/01/20

Present Value of Future Payments
Widow: Weekly Benefit = .51 x ($695) = $354.45
Present Value of $1 = 17.947 - Widowhood at age 46 ^{a}[x] Value
$354.45 x 52 x 17.947= $330,788

Child #1 (DOB 04/05/16) Benefits: Payable until child is 18 years old.
Weekly Benefit = .09 x ($695) = $62.55
No. of Weeks Payable = 03/01/22 to 04/05/2034 = 4418 days / 7 = 631.143 (weeks)
$62.55 x 631.143 = $39,478

Child #2 (DOB 06/05/13) Benefits: Payable until child is 18 years old.
Weekly Benefit = .0667 x ($695) = $46.36
No. of Weeks Payable =03/01/22 to 06/05/2031 = 3383 days / 7 = 483.286 (weeks)
$46.36 x 483.286 = $22,405

Remarriage Dowry
Weekly Benefit - $354.45
Present Value of Remarriage Dowry = .0835
No. of Weeks Payable = 104 weeks
$354.45 x 104 x .0835 = $3,078

Indemnity Paid to Valuation Date
Weekly Benefit = .6667 x $695 = $463.36 ($354.45 + $62.55 + $46.36 = $463.36)
No. of Weeks Payable = 11/01/20 to 03/01/22 - 485 days / 7 = 69.286 (weeks)
$463.36 x 69.286 = $32,104

Funeral Allowance = $7,000

Total Indemnity Incurred = $330,788 + $39,478 + $22,405 + $3,078 + $32,104 + $7,000 = $434,853

Death claim requiring pension table benefit calculations, Death - No Widow, 1 Child - 1st Level Report

Type: State Act-Trauma
Average Weekly Wage: $1,986
Effective Date: 01/01/22
Date at Valuation: 07/01/23   Child's Date of Birth: 11/30/14
Date of Accident: 11/30/22   Year child turns 18 * : 11/30/32
Date of Death: 11/30/22

Present Value of Future Payments
Child 1: Payable until child is 18 years old.

Weekly Benefit = .32 x ($1986) = $635.52

No. of Weeks Payable = 07/01/23 to 11/30/2032 = 3440 days / 7 = 491.429 Wks
$635.52 x 491.429 = $312,313

Indemnity Paid to Valuation Date
Benefits Paid from 11/01/22 to 07/01/23 = 242/7= 34.571 (weeks)
$635.52 x 34.571 = $21,971

Funeral Allowance = $7,000

Total Indemnity Incurred = $312,213 + $21,971 + $7,000 = $341,184

- In Pennsylvania, under workers' compensation law, minor beneficiaries of a deceased worker can receive benefits until they reach age 23 if they are enrolled in an educational program

Death claim requiring pension table benefit calculations, Death - No Widow, 2 Children - 1st Level Report

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Type: State Act-Trauma
Average Weekly Wage: $1986
Effective Date: 01/01/22
Date at Valuation: 07/01/23
Date of Accident: 11/30/22
Date of Death: 11/30/22

Child 1 Date of Birth: 11/30/14
Year child turns 18: 11/30/32
Year child turns 23: 11/30/37
Child 2 Date of Birth: 10/29/2008
Year child turns 18: 10/29/2026

Present Value of Future Payments
Child 1: Payable until child is 18 years old.
Weekly Benefit = .32 x ($1986) = $635.52
No. of Weeks Payable = 07/01/23 to 07/20/2031 = 2941 days / 7 = 420.143 (weeks)
$635.52 x 420.143 = $267,009

Child 2: Payable until child is 18 years old.
Weekly Benefit = .10 x ($1986) = $198.60
No. of Weeks Payable = 07/01/23 to 10/29/2026 = 1216 days / 7 = 173.714 (weeks)
$198.60 x 173.714 = $34,500

Indemnity Paid to Valuation Date
Benefits Paid from 11/30/22 to 07/01/23 = 213/7= 30.429 wks
$1986 x .42 = $834.12 ($635.52 + $198.60 = $834.12) x 30.429 = $25,381

Funeral Allowance = $7,000

Total Indemnity Incurred = $267,009 + $34,500 + $25,381 + $7,000 = $333,890

Death claim requiring pension table benefit calculations, Death - No Widow, 3 Children - 1st Level Report

Type: State Act-Trauma
Average Weekly Wage - $466
Effective Date – 10/01/15
Date at Valuation – 04/01/17
Date of Accident - 06/12/15
Date of Death - 06/27/16

Child 1 Date of Birth - 07/01/99
Year child turns 18 - 07/01/2017

Child 2 Date of Birth - 07/01/99
Year child turns 18 - 07/01/2017

Child 3 Date of Birth - 07/01/97
Year child turns 18 - 07/01/2015

Present Value of Future Payments
Child 1: Payable until child is 18 years old.
Weekly Benefit = .32 x ($466) = $149.12
No. of Weeks Payable =04/01/17 to 07/01/17 = 91/ 7 = 13 (weeks)
$149.12 x 13.000 = $1,939

Child 2: Payable until child is 18 years old.
Weekly Benefit = .10 x ($466) = $46.60
No. of Weeks Payable =04/01/17 to 07/01/17 = 91/ 7 = 13 (weeks)
$46.60 x 13.000 = $606

Child 3: Payable until child is 18 years old.
Weekly Benefit = .10 x ($466) = $46.60
No. of Weeks Payable = 04/01/17 to 07/01/15 = 640/ 7 = 91.43 (weeks)
AGED OUT

Indemnity Paid to Valuation Date
Benefits Paid from 06/27/16 to 04/01/17 = 278/7= 39.714 (weeks)
$466 x.52 =$242.32 x 39.714 = $9,624

Indemnity Paid to Valuation Date - while alive
Benefits Paid from 06/12/15 to 06/27/16 = 381/7 = 54.429 (weeks)
$466 x .6667 =$310.68 x 54.429 wks. = $16,910

Funeral Allowance = $7,000

Total Indemnity Incurred = $1,939 + $606 + $9,624 + $16,910 + $7,000 = $36,079

Death Claim requiring pension table benefit calculations, Death – Mother/Father – 1st Report Level

Type: State Act-Trauma
Average Weekly Wage: $1,986
Effective Date: 01/01/22
Date at Valuation: 07/01/23
Date of Accident: 11/30/22
Date of Death: 11/30/22
Father/Mother DOB: 07/01/60
Age at Death: 62
Age at Valuation: 63

Present Value of Future Payments
Mother: Weekly Benefit = .32 x ($1986) = $635.52
Present Value of $1 = 14.261 - age at death 62, $^a[x]$ Value)
$635.52 x 52 x 14.261= $471,284

Indemnity Paid to Valuation Date
Benefits Paid from 11/30/22 to 07/01/23 = 213/7= 30.429 weeks
$635.52 x 34.571 = $19,338

Funeral Allowance = $7,000

Total Indemnity Incurred = $471.284 + $19,338 +$7,000 = $497,622
below Funeral Allowance

Reference

PREMIUM CODES PA

a. Premium Subject to Experience Modification
   (1) Premium for Increased Limits

Table for Increased Limits Effective 04/01/13

Limits of Liability (000's omitted)	Codes
100/100/1,000	9803
100/100/5,000	9805
100/100/10,000	9806
500/500/500	9807
500/500/1,000	9808
500/500/5,000	9810
500/500/10,000	9811
1,000/1,000/1,000	9812
1,000/1,000/5,000	9814
1,000/1,000/10,000	9815
Over 1,000/1,000/10,000	9816
All Other	9837

Note: The increased limits factors applied to non-ratable classification exposures should be reported as not subject to the experience modification.

(2)	Amount Required to Balance to Increased Limits Minimum Premium	**Code 9848**
(3)	Additional Premium from Flat Increase on Outstanding Policies	**Code 0998**
(4)	Premium Credit Resulting from Flat Decrease on Outstanding Policies	**Code 0994**
(5)	Deductible Applied to Manual Premium Before Experience Modification	**Code 9664**
(6)	Waiver of Subrogation	**Code 0930**

b. Premium Not Subject to Experience Modification

(1)	Loss Constant	**Code 0032**
(2)	Short Rate Penalty Premium	**Code 0931**
(3)	Risk Minimum Premium	**Code 0990**
(4)	Optional Supplemental Loadings	
	For Class 447	**Code 0066**
	For Class 445	**Code 0067**
	For Class 513	**Code 0176**
	For Black Lung Experience	**Code 0164**
	For Carcinogen Experience	**Code 0133**
	For Radiation Experience	**Code 9985**
(5)	Mandatory Supplemental Loadings	
	For Class 615	**Code 0152**
	For Class 810	**Code 0162**
	For Class 4771	**Code 0771**
	For Class 7405	**Code 7445**
	For Class 7413	**Code 7453**
(6)	Workfare Program Employees – Per person week	**Code 0982**
(7)	Pennsylvania Construction Credit Premium Adjustment Program (PCCPAP)	**Code 9046**
(8)	Certified Safety Committee Credit Program (CSCCP)	**Code 9890**
(9)	Deductible Applied to Manual Premium After Experience Modification Deductible	**Code 9663**
(10)	Merit Rating Plan Adjustment Neutral	**Code 9884**
(11)	Merit Rating Plan Adjustment - 5% Credit Adjustment	**Code 9885**
(12)	Merit Rating Plan Adjustment - 5% Debit Adjustment	**Code 9886**
(13)	Schedule Rating Plan Credit	**Code 9887**
(14)	Schedule Rating Plan Debit	**Code 9889**

c. Premium Not Subject to Experience Modification and Not to be Included in Standard Premium.

(1)	Premium Discount	**Code 0063/Code 0064**
(2)	Expense Constant	**Code 0900**
(3)	Waiver of Subrogation – Flat Charge	**Code 9115**
(4)	Terrorism	**Code 9740**
(5)	Catastrophe (other than Certified Acts of Terrorism)	**Code 9741**
(6)	Audit Noncompliance Charge	**Code 9757**

4. **Employer Assessment Surcharge Code**

a.	Employer Assessment Surcharge	**Code 0938**

PREMIUM CALCULATION ALGORITHM - DE/PA *continued*

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	xxxx	(1)	Carrier value
(2)	Exposure	xxxx	(2)	Risk characteristic
(3)	Carrier Rating Value	xxxx	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	xxxx	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x[(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	xxxx	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	xxxx	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non-Ratable Classification exposure]

PREMIUM CALCULATION ALGORITHM - DE/PA *continued*

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(28)	Workfare Program Employees Exposure (PA)	0982	(28)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(29)	Workfare Program Employees Rating Value (PA)	0982	(29)	Carrier Value
(30)	Workfare Program Employees Premium (PA)	0982	(30)	(28) x (29)
(31)	Non-Ratable Classification Premium Total		(31)	Sum of all (27)+(30) premiums
(32)	Non-Ratable Classification Increased Limits Factor	xxxx	(32)	Carrier value
(33)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(33)	(31) x [(32) expressed as a decimal]
(34)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(34)	Carrier value
(35)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(35)	[(34)-(33)] if (33) < (34) and (32) > 0, otherwise zero
(36)	Premium Before Schedule Rating		(36)	(23)+(31)+(33)+(35)
(37)	Schedule Rating Plan Adjustment Factor	9887/9889	(37)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(38)	Schedule Rating Plan Premium Adjustment	9887/9889	(38)	(36)x[(37) expressed as a decimal]. For schedule credits Line (38) will be negative
(39)	Certified Safety Committee Credit Factor (PA)	9890	(39)	Credit applies if insured is certified.
(40)	Certified Safety Committee Premium Credit (PA)	9890	(40)	[(36)+(38)]x[(-39) expressed as a decimal]
(41)	Workplace Safety Program Credit Factor (DE)	9880	(41)	Credit applies if insured qualifies
(42)	Workplace Safety Program Premium Credit (DE)	9880	(42)	[(36)+(38)]x[(-41) expressed as a decimal]
(43)	Construction Classification Premium Adjustment Program Credit Factor	9046	(43)	Based on wage level(s), application to rating organization
(44)	Construction Classification Premium Adjustment Program Premium Credit	9046	(44)	[(36)+(38)]x[(-43) expressed as a decimal]
(45)	Drug-Free Workplace Factor	9846	(45)	Carrier value
(46)	Drug-Free Workplace Credit	9846	(46)	[(36)+(38)+(42)+(44)]x[(-45) expressed as a decimal]
(47)	Managed Care Factor	9874	(47)	Carrier value
(48)	Managed Care Credit	9874	(48)	[(36)+(38)+(42)+(44)+(46)]x[(-47) expressed as a decimal]

PREMIUM CALCULATION ALGORITHM - DE/PA *continued*

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(49)	Package Credit Factor	9721	(49)	Carrier value
(50)	Package Credit	9721	(50)	[(36)+(38)+(42)+(44)+(46)+(48)]x[(-49) expressed as a decimal]
(51)	Premium After Managed Care and Package Credit If Applicable		(51)	[(36)+(38)+(40)+(42)+(44)+(46)+(48)+(50)]
(52)	Assigned Risk Surcharge Factor (DE)	0277	(52)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(53)	Assigned Risk Premium Surcharge (DE)	0277	(53)	(51)x[(52) expressed as a decimal]
(54)	Deductible Credit Factor	9663	(54)	Carrier value
(55)	Deductible Premium Credit	9663	(55)	[(51)+(53)]x[(-54) expressed as a decimal]
(56)	Loss Constant	0032	(56)	Carrier value - may vary based on risk premium size
(57)	Loss Constant Charge	0032	(57)	Line (56) if applicable
(58)	Short Rate Cancellation Factor	0931	(58)	Carrier value - zero if short rate cancellation does not apply
(59)	Short Rate Premium	0931	(59)	[(51)+(53)+(55)+(57)]x[(58)-1.0000] if (58)>0, otherwise zero
(60)	Expense Constant	0900	(60)	Carrier value if applicable
(61)	Expense Constant Charge	0900	(61)	Line (60)
(62)	Minimum Premium	0990	(62)	Carrier value
(63)	Minimum Premium Charge	0990	(63)	If (62)>[(51)+(53)+(55)+(57)+(59)+(61)], (62)-[(51)+(53)+(55)+(57)+(59)+(61)], otherwise zero
(64)	Unit Statistical Report Total Standard Premium		(64)	[(51)+(53)+(55)+(57)+(59)+(63)]
(65)	Premium Discount Amount	0063/0064	(65)	Carrier value based on [(51)+(53)+(55)+(57)+(59)+(63)]
(66)	Additional premium Waiver of Subrogation (flat charge)	9115	(66)	Carrier value(s)
(67)	Terrorism	9740	(67)	(Total payroll/100) x carrier rating value
(68)	Catastrophe (other than Certified Acts of Terrorism)	9741	(68)	(Total payroll/100) x carrier rating value
(69)	Total Policy Premium Subject to Employer Assessment		(69)	(61)+(64)-(65)+(66)+(67)+(68)
(70)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(70)	PCRB value for the specific purpose of computing employer assessments
(71)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(71)	[(69)-(11)-(55)]x(70) NOTE: Cells (11) and (55) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments
(72)	Audit Noncompliance Charge	9757	(72)	Carrier Value x (69)
(73)	Payments to Paid Furloughed Employees Due to Covid-19	1212	(73)	Risk characteristic

SCHEDULED INDEMNITY - PA

SCHEDULED INDEMNITY - MAXIMUM WEEKS

CODE	BODY MEMBER CODE	WEEKS	+ HEALING WEEKS
35	Hand	335	20
33	Forearm	370	20
31	Arm	410	20
56	Foot	250	25
54	Lower leg	350	25
52	Leg	410	25
14	Eye	275	10
13	Hearing (one ear)	60	10
13	Hearing (both ears)	260	10
37	Thumb	100	10
36	First finger	50	6
36	Second finger	40	6
36	Third finger	30	6
36	Fourth finger	28	6
37	One-half of thumb	50	10
36	One-half of first finger	25	6
36	One-half of second finger	20	6
36	One-half of third finger	15	6
36	One-half of fourth finger	14	6
36	Two or more members	aggregate	larger
57	Great toe	40	12
57	Other than great toe	16	6
57	One-half of great toe	20	12
57	One-half other than great toe	8	6
57	Two or more members	aggregate	larger
18	Facial disfigurement	275	-----

PREMIUM CODES DE

a.   Premium Subject to Experience Modification
   (1)   Premium for Increased Limits

Table for Increased Limits Effective 06/01/13

Limits of Liability (000's omitted)	Codes
100/100/1,000	9803
100/100/5,000	9805
100/100/10,000	9806
500/500/500	9807
500/500/1,000	9808
500/500/5,000	9810
500/500/10,000	9811
1,000/1,000/1,000	9812
1,000/1,000/5,000	9814
1,000/1,000/10,000	9815
Over 1,000/1,000/10,000	9816
All Other	9837

Note: The increased limits factors applied to **non-ratable classification** exposures should be reported as not subject to the experience modification.

(2) Amount Required to Balance to Increased Limits Minimum Premium	Code 9848
(3) Additional Premium From Flat Increase on Outstanding Policies	Code 0998
(4) Premium Credit Resulting From Flat Decrease on Outstanding Policies	Code 0994
(5) Deductible Applied to Manual Premium Before Experience Modification	Code 9664
(6) Waiver of Subrogation	Code 0930

b.   Premium Not Subject to Experience Modification

(1) Short Rate Penalty Premium	Code 0931
(2) Risk Minimum Premium	Code 0990
(3) Optional Supplemental Loadings	
For Class 512	Code 0175
For Class 513	Code 0176
For Black Lung Experience	Code 0164
For Radiation Experience	Code 9985
(4) Mandatory Supplemental Loadings	
For Class 4771	Code 0771
For Class 7405	Code 7445
For Class 7413	Code 7453
(5) Delaware Construction Credit Premium Adjustment Program (DCCPAP)	Code 9046
(6) Delaware Workplace Safety Credit (DWSP)	Code 9880
(7) Assigned Risk Surcharge	Code 0277
(8) Deductible Applied to Manual Premium After Experience Modification Deductible	Code 9663
(9) Merit Rating Plan Adjustment Neutral	Code 9884
(10) Merit Rating Plan Adjustment - 5% Credit Adjustment	Code 9885
(11) Merit Rating Plan Adjustment - 5% Debit Adjustment	Code 9886
(12) Schedule Rating Plan Credit	Code 9887
(13) Schedule Rating Plan Debit	Code 9889

c.   Premium Not Subject to Experience Modification and Not to be Included in Standard Premium (Reported on lines "H", "I" or "J")

(1) Premium Discount	Code 0063/Code 0064
(2) Expense Constant	Code 0900
(3) Waiver of Subrogation – Flat Charge	Code 9115
(4) Terrorism	Code 9740
(5) Catastrophe (other than Certified Acts of Terrorism)	Code 9741
(6) Audit Noncompliance Charge	Code 9757

PREMIUM CALCULATION ALGORITHM - DE/PA

Premium Calculation Algorithm

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(1)	Classification	xxxx	(1)	Carrier value
(2)	Exposure	xxxx	(2)	Risk characteristic
(3)	Carrier Rating Value	xxxx	(3)	Carrier value
(4)	Classification Manual Premium		(4)	(2)/100x(3) if classification has payroll exposure. Special procedures apply to non-payroll classes
(5)	Total Policy Manual Premium		(5)	Sum of (4) for all classifications on the policy
(6)	Employer Liability Increased Limits Factor	xxxx	(6)	Carrier value
(7)	Employer Liability Increased Limits Premium Charge		(7)	(5)x[(6) expressed as a decimal]
(8)	Minimum Premium Employer Liability Increased Limits	9848	(8)	Carrier value
(9)	Minimum Premium Employer Liability Increased Limits Premium Charge	9848	(9)	[(8)-(7)] if (7)<(8) and (6) >0, otherwise zero
(10)	Subject Deductible Credit Percentage	9664	(10)	Carrier value
(11)	Subject Deductible Premium Credit	9664	(11)	[(5)+(7)+(9)]x[(-10) expressed as a decimal]
(12)	Waiver of Subrogation Charge	0930	(12)	Carrier value - subject to experience modification
(13)	Waiver of Subrogation Premium	0930	(13)	Value from Line (12)
(14)	Total Subject Premium		(14)	[(5)+(7)+(9)+(11)+(13)]
(15)	Experience Modification	9898	(15)	Zero for non-experience-rated risks
(16)	Modified Premium		(16)	(14)x(15)
(17)	Merit Rating Credit Factor	9885	(17)	Zero if Merit Rating Credit does not apply
(18)	Merit Rating Credit	9885	(18)	(14)x[(-17) expressed as a decimal]
(19)	Merit Rating Neutral Factor	9884	(19)	Zero whether Merit Rating Neutral Adjustment (no credit or debit) does or does not apply
(20)	Merit Rating Neutral Adjustment	9884	(20)	(14)x[(19) expressed as a decimal]
(21)	Merit Rating Debit Factor	9886	(21)	Zero if Merit Rating Debit does not apply
(22)	Merit Rating Charge	9886	(22)	(14)x[(21) expressed as a decimal]
(23)	Premium After Experience Modification or Merit Rating		(23)	(16) if Experience-Rated, [(14)+(18)+(20)+(22)] if Merit-Rated, (14) if Non-Rated
(24)	Non-Ratable Classifications	xxxx	(24)	Carrier Value
(25)	Non-Ratable Classifications Exposure		(25)	Portion of payroll exposure subject to Non-Ratable Classifications
(26)	Non-Ratable Classification Rating Value	xxxx	(26)	Carrier Value
(27)	Non-Ratable Classification Premium		(27)	(25)/100x(26) [based on applicable Non-Ratable Classification exposure]

PREMIUM CALCULATION
ALGORITHM - DE/PA *continued*

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(28)	Workfare Program Employees Exposure (PA)	0982	(28)	Number of person weeks. A partial workweek for any worker to be counted as 1 person week.
(29)	Workfare Program Employees Rating Value (PA)	0982	(29)	Carrier Value
(30)	Workfare Program Employees Premium (PA)	0982	(30)	(28) x (29)
(31)	Non-Ratable Classification Premium Total		(31)	Sum of all (27)+(30) premiums
(32)	Non-Ratable Classification Increased Limits Factor	xxxx	(32)	Carrier value
(33)	Non-Ratable Classification Increased Limits Premium Charge	xxxx	(33)	(31) x [(32) expressed as a decimal]
(34)	Minimum Premium Non-Ratable Classification Increased Limits	9848	(34)	Carrier value
(35)	Minimum Premium Non-Ratable Classification Increased Limits Premium Charge	9848	(35)	[(34)-(33)] if (33) < (34) and (32) > 0, otherwise zero
(36)	Premium Before Schedule Rating		(36)	(23)+(31)+(33)+(35)
(37)	Schedule Rating Plan Adjustment Factor	9887/9889	(37)	Carrier value - use 9887 for schedule credits and 9889 for schedule debits
(38)	Schedule Rating Plan Premium Adjustment	9887/9889	(38)	(36)x[(37) expressed as a decimal]. For schedule credits Line (38) will be negative
(39)	Certified Safety Committee Credit Factor (PA)	9890	(39)	Credit applies if insured is certified.
(40)	Certified Safety Committee Premium Credit (PA)	9890	(40)	[(36)+(38)]x[(-39) expressed as a decimal]
(41)	Workplace Safety Program Credit Factor (DE)	9880	(41)	Credit applies if insured qualifies
(42)	Workplace Safety Program Premium Credit (DE)	9880	(42)	[(36)+(38)]x[(-41) expressed as a decimal]
(43)	Construction Classification Premium Adjustment Program Credit Factor	9046	(43)	Based on wage level(s), application to rating organization
(44)	Construction Classification Premium Adjustment Program Premium Credit	9046	(44)	[(36)+(38)]x[(-43) expressed as a decimal]
(45)	Drug-Free Workplace Factor	9846	(45)	Carrier value
(46)	Drug-Free Workplace Credit	9846	(46)	[(36)+(38)+(42)+(44)]x[(-45) expressed as a decimal]
(47)	Managed Care Factor	9874	(47)	Carrier value
(48)	Managed Care Credit	9874	(48)	[(36)+(38)+(42)+(44)+(46)]x[(-47) expressed as a decimal]

PREMIUM CALCULATION ALGORITHM - DE/PA *continued*

Line #	Item Name	Associated Statistical Code	Line #	Source & Derivation
(49)	Package Credit Factor	9721	(49)	Carrier value
(50)	Package Credit	9721	(50)	[(36)+(38)+(42)+(44)+(46)+(48)]x[(-49) expressed as a decimal]
(51)	Premium After Managed Care and Package Credit If Applicable		(51)	[(36)+(38)+(40)+(42)+(44)+(46)+(48)+(50)]
(52)	Assigned Risk Surcharge Factor (DE)	0277	(52)	May apply to some or all assigned risks based on plan and characteristics of individual insured
(53)	Assigned Risk Premium Surcharge (DE)	0277	(53)	(51)x[(52) expressed as a decimal]
(54)	Deductible Credit Factor	9663	(54)	Carrier value
(55)	Deductible Premium Credit	9663	(55)	[(51)+(53)]x[(-54) expressed as a decimal]
(56)	Loss Constant	0032	(56)	Carrier value - may vary based on risk premium size
(57)	Loss Constant Charge	0032	(57)	Line (56) if applicable
(58)	Short Rate Cancellation Factor	0931	(58)	Carrier value - zero if short rate cancellation does not apply
(59)	Short Rate Premium	0931	(59)	[(51)+(53)+(55)+(57)]x[(58)-1.0000] if (58)>0, otherwise zero
(60)	Expense Constant	0900	(60)	Carrier value if applicable
(61)	Expense Constant Charge	0900	(61)	Line (60)
(62)	Minimum Premium	0990	(62)	Carrier value
(63)	Minimum Premium Charge	0990	(63)	If (62)>[(51)+(53)+(55)+(57)+(59)+(61)], (62)-[(51)+(53)+(55)+(57)+(59)+(61)], otherwise zero
(64)	Unit Statistical Report Total Standard Premium		(64)	[(51)+(53)+(55)+(57)+(59)+(63)]
(65)	Premium Discount Amount	0063/0064	(65)	Carrier value based on [(51)+(53)+(55)+(57)+(59)+(63)]
(66)	Additional premium Waiver of Subrogation (flat charge)	9115	(66)	Carrier value(s)
(67)	Terrorism	9740	(67)	(Total payroll/100) x carrier rating value
(68)	Catastrophe (other than Certified Acts of Terrorism)	9741	(68)	(Total payroll/100) x carrier rating value
(69)	Total Policy Premium Subject to Employer Assessment		(69)	(61)+(64)-(65)+(66)+(67)+(68)
(70)	Employer Assessment Factor Pursuant to Act 57 of 1997 (PA)	0938	(70)	PCRB value for the specific purpose of computing employer assessments
(71)	Employer Assessment Amount Pursuant to Act 57 of 1997 (PA)	0938	(71)	[(69)-(11)-(55)]x(70) NOTE: Cells (11) and (55) are credits. Subtracting these credits as shown effectively adds the premium reduction given for deductible coverage back into the premium for purposes of calculating employer assessments
(72)	Audit Noncompliance Charge	9757	(72)	Carrier Value x (69)
(73)	Payments to Paid Furloughed Employees Due to Covid-19	1212	(73)	Risk characteristic

SCHEDULED INDEMNITY - DE

SCHEDULED INDEMNITY - MAXIMUM WEEKS

CODE	BODY MEMBER CODE	WEEKS
35	Hand	220
31	Arm	250
56	Foot	160
54	Leg	250
14	Eye	200
13	Hearing (one ear)	75
13	Hearing (both ears)	175
37	Thumb	75
36	First finger	50
36	Second finger	40
36	Third finger	30
36	Fourth finger	20
37	One-half of thumb	371/2
36	One-half of first finger	25
36	One-half of second finger	20
36	One-half of third finger	15
36	One-half of fourth finger	10
57	Great toe	40
57	Other than great toe	15
57	One-half of great toe	20
57	One-half other than great toe	8
18	Facial disfigurement	150

Contact

This guidebook has been prepared by the Unit Statistical Data team at PCRB. This team is tasked with enforcing the rules outlined in the Statistical Plan, specifically regarding the collection of unit statistical reports, as well as the analysis and reporting of statistical data utilized in PCRB loss cost filings and experience modification calculations.

Pennsylvania Compensation Rating Bureau

📍 30 S. 17th St., Suite 1500, Philadelphia, PA 19103

📞 215-568-2371

✉ statisticalreporting@pcrb.com

➤ pcrb.com